

SUPPLEMENTAL QUESTIONNAIRE

LIFEGUARD (Dutch Flat Pool)

NAME: _____
 (Last) (First) (Middle Initial) Social Security Number

All applicants must submit responses to this supplement with their application. Based on your responses to this supplement, your experience, education and training will be evaluated and rated using a pre-determined formula. Applications submitted without a completed supplemental questionnaire will not be considered for this recruitment. You are encouraged to submit a resume, but it will not be evaluated or considered as a response to the items in this questionnaire.

1. Do you currently possess a valid American Red Cross Lifeguard Certificate? <i>(If yes, please attach a copy or letter verifying certification)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you currently possess a valid Cardio-Pulmonary Resuscitation (CPR) Certificate? <i>(If yes, please attach a copy or letter verifying certification)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you currently possess a valid Emergency Medical Services Authority (EMSA) First Aid Certificate? <i>(If yes, please attach a copy or letter verifying certification)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you have a valid California Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you have any previous experience working as a Lifeguard?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I certify that all the statements made in this application supplement are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may result in my ineligibility for this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify information.

Signature of Applicant: _____ Date: _____